

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90006 023 ***150.00

DOCUMENT # P98000022760

1. Corporation Name

CARGO SYSTEMS INT'L CORP.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0819695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4690 N.W. 102 AVE.

Suite, Apt. #, etc.

22 # 104

City & State

23 MIAMI, FL.

Zip

24 33178

Country

25

2a. Mailing Address

26 4690 N.W. 102 AVE.

Suite, Apt. #, etc.

27 # 104

City & State

28 MIAMI, FL.

Zip

29 33178

Country

30

9. Name and Address of Current Registered Agent

ANGELA C. DAMASIO

4690 N.W. 102 AVE. # 104

MIAMI, FL. 33178

10. Name and Address of New Registered Agent

81 Name

ANGELA C. DAMASIO

82 Street Address (P.O. Box Number is Not Acceptable)

4690 N.W. 102 AVE. # 104

83

84 City

MIAMI

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Angela C. Damasio

ANGELA C. DAMASIO

4/27/99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRANCISCO J. NUNEZ

STREET ADDRESS 5555 COLLINS AVE. APT. 12-M

CITY-ST-ZIP MIAMI BEACH, FL. 33140

TITLE VP ☐ DELETE

NAME ANGELA C. DAMASIO

STREET ADDRESS 4690 N.W. 102 AVE. # 104

CITY-ST-ZIP MIAMI, FL. 33178

TITLE S ☐ DELETE

NAME JAMES GARCIA

STREET ADDRESS 455 E. 48 ST.

CITY-ST-ZIP HIALEAH, FL. 33013

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco J. Nunez FRANCISCO J. NUNEZ

4/27/99

(305) 594-3306

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)